

bone without thorough examination has resulted in opening the lateral sinus and causing great embarrassment if not actually preventing a thorough operation. The writer has seen the sinus so superficial as to show blue through an outward lamella of bone as thin as a visiting card; also a large fistula leading to the dura. Occasionally a bony depression is seen posteriorly which may be mistaken for the super-meatal triangle—a mistake that would lead to a chiseling down on the knee of the lateral sinus instead of into the antrum.

Fourth—The outer surface having been carefully inspected, the muscular attachment of the sterno-cleido-mastoid muscle to the tip should be severed by a transverse cut with knife or scissors. One point here should be noticed in freeing the tip of muscular attachment, namely, that the facial nerve in infants emerges from the mastoid very superficially and may be severed before opening the bone. This accident has been reported.

Fifth—The mastoid is then entered by a gouge over the super-meatal triangle and grooved down to the tip close to the bony canal. This opens the superficial cortical cells, which may be broken down into a fairly large cavity. With a probe the interior is examined sufficiently to determine the amount of overhanging cortical bone. The outer bony table of the mastoid is further removed, including the tip, before an attempt is made to open the antrum. To directly bore with a curette down in the direction of the antrum is to invite disaster. The antrum may be small and the middle cranial fossa entered, or again a far-forward lateral sinus entered. It is far safer to remove the outer shell of the mastoid and the tip, and gradually groove a boat-shaped cavity until the level of the antrum is reached. A probe can then be entered under guide of the eye and no needless risk taken of breaking through the thin upper wall of the antrum. The remainder of the cellular structure of the mastoid is removed down to the hard bony groove of the sigmoid sinus and to the hard inner table of bone protecting the brain above. This can be done with complete safety. It is vastly important that the assistant keep the field dry by continuous sponging with dry gauze, so that at no time need the operator be working in the dark. The use of a curette in a small pool of blood is dangerous, it matters not how skilled the operator may be nor how good an anatomist. It has been my observation that our leading authorities do not take the careless chances open to many of us, but insist on seeing just what must be done.

The use of a probe should be frequent. It is by no means necessary to piddle in the work, but make every step count. Herein lies the value of special instruments and experience in their use. The importance of making a complete ablation of the mastoid cells is evident when one sees cells full of pus opened far back in the process that would not have been touched by a less thorough cleaning out of the mastoid. Such remaining pus cells are a source of danger, and at least serve to delay the healing; a bone sinus from one of these untouched cells may persist for months.

Another point that should be made is the thorough cleaning out of the antrum and the enlargement of the aditus, its opening into the tympanic cavity. This is most important because, as we should remember, our object in doing a mastoid operation is not only to eradicate the diseased condition of the mastoid, but also so to drain the middle ear through the aditus that the middle ear inflammation may subside. The reason why a certain number of acute middle ear suppurations become chronic is that good drainage through the drum membrane is not, as a rule, possible.

Sixth—After a complete ablation of the mastoid cells, the next step is a thorough cleansing of the cavity with dry sponges. Here it is well to raise another point, namely, as to the irrigation of the cavity before packing—a procedure sometimes done as a matter of routine on the theory that it disinfects the bone cavity the better. Personally, I think that such irrigation is worse than useless. In the first place, I doubt whether such irrigation destroys any infection, and in the second place, any infected material is spread by the irrigation all over the bony cavity. When we remember that likely thousands of bony canals are open on the surface of the inner bony shell, it is reasonable to see how reinfection of an otherwise healthy area might result from the irrigation. Instead, the cavity should be dried and packed with iodoform gauze. Two sutures at the upper angle of the wound should be taken and the posterior straight incision when made should be closed entirely, and the dressing completed as usual.

#### MEDICAL LICENSURE.\*

By S. D. VAN METER, M. D., Denver, Colo.

The history of legislation relative to statutes regulating the practice of medicine is most interesting, and a paper on medical licensure is incomplete without at least a reference thereto. However, as the time at my disposal is necessarily short, I shall only consider the present status of medical licensure, which naturally means a review of the plans and policies of the licensing boards throughout the country. Especially is it my desire to reveal the weak points in our plans of licensure, and if possible suggest means whereby they may be corrected. Differing from you as I do most radically as to certain features of the law and system now in vogue in your state, to be honest, I must of necessity express myself accordingly. Therefore, to forestall any criticism of being a discourteous guest, permit me to assure you, one and all, of my high regard for the magnificent progress you have made in raising the standard of your licentiates.

Just now a good deal is being said and written about the lack of uniformity of our medical laws, and it cannot be gainsaid that as administered there is just reason for the widespread dissatisfaction upon the part of the profession in regard to this lack of uniformity and the consequent injustice to the elder class of practitioners. Bellicose articles, incrimination, recrimination and the as-

\*Read at the Thirty-sixth Annual Meeting of the State Society, April, 1906.

sumption of pharisaical positions, however, will never accomplish anything toward the solution of the problem, or the removal of the unjust barriers placed in the road of older, well qualified and experienced physicians by the well intended, but unnecessary, methods used in many states to test the educational qualifications of applicants for license. Deliberate investigation of the underlying facts and influences, prompted by a desire to secure equity and justice to all concerned, needs be the starting point if success is to crown our efforts.

The first and most natural question to arise in such an investigation is, "*What should be the basis of medical licensure?*" It should not be difficult to answer this question, as it cannot be anything other than "*proof of a standard of educational and moral qualification that will insure the proper medical care of the sick or injured.*" The most casual perusal of the statutes of the several states will reveal that such is the intended basis of medical licensure in each and every one. So far we may claim uniformity of our laws, but no farther, inasmuch as the methods of determining such a standard are quite numerous and the number of standards deemed proper is almost coequal with the number of States. Of course the latter statement puts it too strongly, and as long as human minds differ in opinion, technically, absolute uniformity of standard is an impossibility. Two different examining boards operating under the same statute and identically the same rules and regulations may differ sufficiently to cause opposite decisions upon the same examination papers. This variation from the accepted proper standard will continue to exist as long as human minds differ; and is as unavoidable and impossible to eliminate as original sin, but it does not excuse the existence of any wide difference of standards or the unjust and inadequate methods that are being used by examining bodies to test the qualification of applicants for license.

The problem of erecting a proper standard becomes a complex, quadratic equation when we recognize not only the necessity of doing justice to the older practitioner, who through the natural course of practice becomes rusty on technical points, but also of taking into consideration the course of training pursued by the applicant, which we all appreciate has varied in our best schools during the past twenty years. In this a board cannot go farther than to consider that an applicant should have that education which would result from the course of training given at our best schools at the time of his graduation.

Notwithstanding the fact that (after all is said and done) the decision of an applicant's qualification is a matter of opinion of the members of the licensing body to whom he applies, there must be some working plan or system whereby equity and justice may be approached, and bias and prejudice may be excluded. To the uninitiated doubtless the answer seems easy, and the query of what shall be the guide, unnecessary. Examination, of course, would be the supposed indisputable answer. Yes! examination, but of what, on what, and of what

nature? How quickly the situation changes from one of simplicity to one of complexity! Investigate our statutes, and we see in every one a section investing our examining boards with the power to examine all applicants who seek medical licensure in their respective states. So prominent and important a provision is this right of examination that the majority of licensing bodies are designated as Examining Boards. Nevertheless it was not the intention of the legislatures to place this right in the hands of boards for any other purpose than to serve them as a means to acquire an adequate knowledge of the educational and moral qualifications of applicants whereby to judge of their fitness to be professional caretakers of the sick or injured. It is true that many statutes specifically provide the nature of the examination to be used, and in many instances prescribe certain prerequisites for application. Such provisions are the result of good intentions, chief of which has been misdirected zeal and effort to raise the standard of medical education from the disgraceful general average we must admit exists. Such specific provisions as to method of examination, etc., it is true are not conducive to laxity or the lowering of the average standard of licentiates; however, they in no way prevent the venally inclined board from circumventing their purpose, while they undoubtedly restrict the discretionary power of boards, and render them clerical instead of quasi judicial bodies—as they should and must be if we are ever to have rational and equitable medical licensure.

These very specific restrictions, and their resulting inequity and inadequacy, are unquestionably responsible for the widespread dissatisfaction in the profession on account of the technical barriers they place in the way of the well established physician seeking state licensure, when from necessity or choice he desires to change his location.

For practical consideration, the methods in use for ascertaining the qualifications of applicants may be summed up as follows:

First—Written examination.

Second—Oral and clinical examination.

Third—Examination and verification of credentials.

Fourth—Combination of the foregoing.

Of these the first named is relied upon in the majority of states, with the prerequisite of a fixed minimum course of preliminary and collegiate training. In many of these States the boards have no other way by which to decide the qualifications of applicants, and they must of necessity measure the qualifications of the man of sixty with the same yardstick as the recent graduate of four and twenty. The inadequacy and injustice of such a method for all classes at once becomes apparent, and it is no wonder we have so much agitation for the recognition of state licenses, or what its advocates are boosting as a panacea for the shortcomings of the present regime under the name of "*Reciprocity.*" It is not difficult to explain why the majority of states have adopted the universal written examination as their method of testing the qualification of

applicants; nor do we have to search long to discover the reason for insisting upon prerequisites for admission to examination in the form of certificates and diplomas of preliminary and collegiate training. The farcical and inefficient results of medical licensure under the old regime, when boards were required to license applicants upon the mere presentation of a diploma from a legally chartered school, was so pronounced that it is no wonder the pendulum swung so far away from the recognition of documentary evidence in determining the qualification of applicants for license.

Furthermore, the results achieved by examining boards in adopting minimum schedules of preliminary and collegiate training as prerequisites to examination have been wonderful in their salutary effect upon our leading schools, to say nothing of the number of commercial diploma mills whose *requiem aeternam dona eis, Domine*, has been sung thereby.

However, it does not follow that because good, yes even great good, comes of a measure, that it is without fault, or the selfsame good may not be accomplished by other means in which an admitted fault of the original measure does not obtain. This I believe to be true in this instance, because it is difficult to understand why duly authenticated credentials, such as properly verified documentary evidence of preliminary and collegiate education, licensure of other states and countries, and records of hospital, government and private practice, should not be used in determining the qualifications of applicants, especially of those who are not fresh from college.

No statute, however, should attempt to provide for any set of credentials which would make it mandatory upon the board to grant a license thereon, unless they were in each individual case sufficient to convince the members thereof that the applicant possessed the educational and moral qualifications equivalent to the standard they deemed proper. Further, when a board has been unable to honestly decide upon the qualifications of an applicant by investigation of his credentials, they should always have the right to conduct any manner of examination calculated to determine educational and moral qualifications. Such examination must of necessity be written, oral or clinical, and too great stress cannot be laid upon the character of each. They should be practical, free from catch questions, and calculated to determine what the applicant really knows, rather than what he does not know, inasmuch as there is so much of which the best of us are ignorant. Were that made the criterion we should all fall by the wayside.

We must again measure the efficiency of the examination by that of the examiner, which raises the vital question of the importance of selecting good timber for our examining boards.

The impropriety of attempting to determine the qualification of the man of fifty by propounding the same written questions as would be eminently proper for the recent graduate should certainly be manifest to any one, yet that condition of affairs

must arise in every state board examination where the universal written examination is in use. Investigate the records of states which require a written examination of all applicants, irrespective of age or experience, and you will find that the majority of their licentiates are recent graduates. Conditions are not favorable or inviting for the experienced, perhaps expert in his specialty, to enter such states, and while the licentiates may have passed high grades in technical knowledge, the general average of the licentiates is low as compared with a state where equitable provisions are made for the licensure of the experienced man. To secure a satisfactory educational test for the recent graduate is comparatively an easy problem, as nothing short of an examination equivalent to that of a graduation examination of our best schools should be used. However, in this class of applicants, which in my opinion are in reality the most difficult to pass upon intelligently, the practical should not be eclipsed by the theoretical, and the branches of the third and fourth years should make up the major part of the test. Those of the first and second years should be less technical, as they are to the recent graduate, in a measure, what all branches are to the older man. The plan practiced in other countries of allowing students to take, at the end of their second year, a State Board examination upon the branches of the first and second years, is a most admirable one, and could be adopted in this country to good advantage.

Examination by the oral and clinical method has much to commend it, permitting as it does personal contact of applicant and examiner, which enables the latter to form a much more intelligent conclusion upon the former's qualifications. After all, the question of an applicant's passing or failing—be our conclusions derived from the grading of papers, oral or clinical examinations, or the scrutiny and review of credentials, amounts to whether or not we consider him properly qualified to be a safe and reliable caretaker of the sick.

The time required to conduct oral and clinical examinations is objectionable, but does not justify their disuse. As it is impossible to preserve any record thereof, they do not serve in case a refused applicant attempts to give a board trouble by mandamus, or like proceedings. Therefore, it is well never to refuse an applicant for lack of educational qualification until he has made a written record of such deficiency; but this fact does not necessitate the assumption that it is necessary or advisable to resort to a written examination in each and every case. I believe the most rational general plan of determining the qualifications of applicants, and one that will permit a perfectly equitable administration of our medical laws, is that of making the licensing bodies the responsible judges of their licentiates; placing no restriction whatever as to the method or means whereby they may derive their information of the qualifications, educational and moral, of those who seek licensure within their jurisdiction.

The good that has been accomplished by the re-

fusal of licensing bodies to admit to examination those applicants whose preliminary and collegiate training has not been equivalent to a minimum schedule approved and accepted by such bodies, has already been mentioned. It may seem a distinction without a difference to say that it would have accomplished just as much good in elevating medical education had the boards incorporated in their rules and regulations the same schedule of minimum educational requirements as being conclusive in the majority of cases that applicants having pursued an inferior course of training would be considered unqualified. In the application of any principle we should look carefully ahead, and if possible avoid any concomitant effect. What have been the other results of insisting upon prerequisites to examination for medical licensure? Nothing, did we have to reckon with members of the medical profession only. Unfortunately we have to consider the position in which it places us when prosecuting cases of violation of these statutes. The possibility that an occasional applicant might become qualified by a course of study taken in a college not living up to the adopted requirements, offers a foundation for a plea of monopoly pleasing to the average jury, and often encouraged by our courts, who frequently, notwithstanding the great knowledge they arrogate to themselves, are decidedly short on matters medical. Furthermore, no other provision in our medical laws has been so much to blame for that ridiculous condition of separate boards for different medical sects. Coupled with the further unnecessary provision of examination upon *materia medica* and therapeutics it has been most effective in keeping medical sectarianism alive; and to-day, when the educated physician body has so many phases of charlatanry to deal with, it is well to consider most carefully such points. At this time New Jersey and New York are compelled to put forth no little energy to prevent the enactment of a law regulating osteopathy. What would they lose by granting the privilege of these pseudo scientists to apply for license and take the board examination if they wish to assume the offices of a physician? Nothing! But it would at once sweep from under these latter-day disciples of Cagliostro every vestige of the footing upon which they stand in asking for an act ostensibly to regulate a system of poor massage, but in reality designed to create an easy door to the legal practice of medicine. It matters not how specious be their plea, it sounds very plausible to legislators. I have heard it so often, methinks I could close my eyes and hear the reverberations of those words as spoken by the oleaginous tongues of their lobbyists. Their story runneth thus: "Why, we are thoroughly qualified to practice the healing art—are ready to stand the most rigid test, but according to the laws of the state we are not even permitted to apply for examination unless we take a course of instruction in medicine in which we do not believe." Gentlemen, I have lost more than one hour of needed slumber seeking a neutralizer for this unctious hypocrisy, and it is with great pleasure I can from experience say that the removal of

all prerequisites to application for license is more disconcerting to a host of osteopathic lobbyists than a regiment of Japanese soldiers would recently have been to a lone Russian scout.

We should not lose sight of the fact that the fundamental purpose of medical licensure is to protect the public health against incompetency. If we spend all our time and effort in the attempt to accomplish this by examination and investigation of those who have honestly tried to equip themselves, neglecting to prosecute the irregular and the quack, or perhaps by well intended, but ill-advised policies, drive them from our control, we may be able to boast that all our licentiates are well qualified practitioners, but the people are in no way protected, inasmuch as the quacks may outnumber our licentiates, and be at liberty to ply their nefarious trade without restraint. That such conditions exist in some states cannot be disputed, and it is not surprising to see in such communities apathy upon the part of the respectable profession in matters pertaining to medical licensure.

Independent of the question of what is, or may be, the proper provision relative to methods of determining the qualifications of applicants in statutes regulating the practice of medicine, the matter of the personnel of our boards administering them is of the most vital importance. The best law cannot accomplish much if poorly administered; and unless we have boards whose members are well chosen as to their qualifications, there will exist a weak link in the chain which will not stand the tension of successful operation. The unavoidable association with gubernatorial appointment, with or without society nomination, is unfortunate; but the profession are woefully derelict in not using their organized effort to secure well qualified appointees—men who have studied the subject—men of judicial minds—men who appreciate the responsibilities they assume and who will devote the necessary time to the routine discharge of their duties. Too frequently we find boards whose members accept their appointments solely for the introduction it gives them, or the little honor that holding state office may bring—often poorly qualified themselves educationally—knowing little, and caring less, how they discharge their duties in protecting the public against incompetency and dishonesty.

The mental ruminations of some of the older applicants, whose education in both the art and science of medicine is that which only years of experience and practice can bring, must be both mortifying and ludicrous when confronted with a list of questions propounded by an examiner, questions not of the examiner's own making, but hastily culled from a quiz compend, in no way calculated to aid in determining the qualifications of the applicant, and which the examiner could not answer had he not looked them up at the time.

The profession are too prone to blame the inefficiency of board members on their political appointment, and while it is a burning shame that politics should play any role in the selection of

medical examining boards, we should not be so pessimistic as not to expect concerted and opportune action upon the part of the profession to influence the incumbent of the executive chair of any state. Personally I do not believe there is a governor in the country who would not welcome the assistance of the medical profession when making these appointments, especially if approached with an evident desire to secure competency, irrespective of personal likes and dislikes.

Boards should, in choosing their executive officer, be guided by the special ability of the member chosen. Too frequently we find this important position, either on account of the smallness of the salary, or from failure of the appointee to succeed at anything else, falling to a man of the least ability.

Viewing the present condition of medical licensure throughout the United States from an unbiased position, it is natural to conclude that great advances have been made in recent years; that the profession through the licensing bodies should be given the credit therefor, but *pari passu* with these great advances mistakes have been made, and we should be willing to acknowledge and rectify them as rapidly as possible. I have referred to several, but the one in particular I sincerely hope to see corrected is the lack of provision made in judging the qualifications of older practitioners. The solution is simple. Give the licensing bodies the right to decide if possible the qualifications of this class of applicants by investigation and verification of their credentials, and those clamoring for reciprocity will have all they want, and that without the retaliatory provision of refusing to recognize evidence of legal practice in another state when that state refuses to accept a similar record from the state wherein license is sought. Further, remove all barriers of prerequisites to application, so as to gain control of all would-be medical sects that seem to be constantly springing up. Consider well the present—add more requirements of this nature—make them as strong as conditions justify, but embody them in your rules and regulations, where they will serve just as well in winnowing the chaff from the wheat, and not cause the trouble they do when used as prerequisites to application.

Especially is it well to consider preliminary education. This above all else is the most important in making the competent doctor. The mind untrained, upon matriculation, is wholly unprepared to receive a medical education, and it matters not what the course of instruction or the opportunity for observation be, it is like sowing seed in barren ground.

It may not be so soon, but I hope to see the day when no institution in this country will be allowed to confer the decree of doctor of medicine on a less course than a combined baccalaureate and medical curriculum, consisting of six or seven years, the last of which shall be spent in practical hospital work. The commercial medical colleges, and their total disregard for entrance qualifica-

tions, are responsible for nine-tenths of the quacks that infest this country.

Enact and enforce statutes in every state controlling medical education, independent of medical license laws, and the top root of charlatany will be severed. In time we will emerge from the present unsatisfactory condition in matters medical, which must be admitted, if we consider the present number of unprincipled and unqualified medical practitioners who exist by preying upon sick and suffering humanity. Let us bury petty jealousies as to superiority of board procedure; endeavor to handle the older practitioner with equity and due consideration; and keep a close watch on the institutions that are not equipped to give the proper course of instruction, or disregard matriculation requirements.

However, because such colleges are responsible for so much that is bad in the medical profession, let us not forget that there are many medical institutions of high degree, the recognition of which acts for double good, as it discourages the stream of matriculants from entering the poor and guides them to the good institutions. Above all let us save our best energy to deal with the quack—the apostacy of the profession—the disgrace to and odium of every true physician. In alluding to these human vampires I cannot help thinking of the soliloquy of a certain Southern editor when searching for a word to describe his conception of a sympathizer for a rape fiend. In part he said: "I have just discovered the shameful exility of the English language, its poverty of expression, its inadequacy as a mental exchange medium, its utter inability to describe what it were a crime to leave uncatalogued. We have a great many vitriolic words, sesquipedalian words, even what the Germans are wont to call 'thunder words,' but none of them, either singly or in combination, can by the grace of inflection or poetic license be made to answer my purpose. I must have a word woven on a warp of shame and woof of infamy by some foul Duessa plying her loom among the damned—a word that will signify a featherless two-legged animal who is neither man nor ape; who is a criminal and not confined; a lazar and not compelled to cry "unclean," who is a suppurating sore on the body social—a creature so foul that were Doll Tear-sheet his mother, Falstaff his father and Perdition his birthplace he would shame his shameless dam, disgrace his graceless sire and dishonor his honorless country. I have explored the English tongue from a, b, c to x, y, z, examined the terminology of reptalia, attended political conventions, and even heard Sam Jones preach, but find no word, printed or otherwise, in the vernacular of the polite or the patois of the vulgar, which covers the case."

Warfare against charlatany cannot be waged too strenuously; and while we cannot expect by any sudden effort to exterminate its votaries, we can by requiring an adequate preliminary education as a passport, guard the entrance door to the profession. Further, by refusing license to gradu-

ates whose alma maters have failed properly to prepare them for their professional work—by social ostracism of those who practice the satanic principles of charlatany under cover, and for a time at least are shrewd enough to live within our camps,— by being on the alert to revoke the license of every violator of our medical statutes, with the aid of Father Time, from whose court there is no appeal, we shall be able to rid our noble profession of the majority of these unnamable members.

To improve the efficiency of the work of examining boards, nothing could be done that would promise so much as the creation of some central representative body qualified to offer suggestions, the result of mature thought and deliberation, relative to the administration of our statutes. Such a body of men I believe we have in the Council on Education of the A. M. A., and I am sure that the state boards in general would welcome the assistance of their counsel, if they would be willing to act in such capacity. Access to the Council records of the work being done by the different examining boards and medical institutions would be invaluable to every board in the land. The House of Delegates could not appropriate money to a better end than to furnish the Council a traveling inspector of boards and colleges. Even now it would be an excellent idea for every board to refuse to consider an application until they had a report from the Directory Department of the A. M. A., and if the secretaries of every state would keep a surveillance book in which the records of suspicious, or known to be dishonorable characters, were entered, and monthly report thereof made to the Council, a clearing house, as it were, would soon be established that would serve the cause of equitable medical licensure so well that it would become indispensable. The Council could also issue certificates of qualification to those they know, by credentials or after examination, to be duly qualified.

No state should refuse to accept such certificates, when properly authenticated, as sufficient evidence of qualification to grant license thereon without further technical examination. The fees derived from such certificates would assist the Council greatly in the prosecution of its duties, and while these certificates would confer no legal right, they would carry sufficient influence to make a demand for them.

In conclusion, permit me to urge the issue of medical licenses upon one basis, viz.—that standard of educational and moral qualification which will insure the proper medical and surgical care of suffering humanity. Do not attempt to determine such qualification by any one method—use all rational means practicable—do justice to all—favor none—work hard for the appointment of good timber on examining boards—and keep all batteries in action against the quacks.

## THE RECOGNITION OF AFFECTIONS OF THE UPPER AIR PASSAGES IN SCHOOL CHILDREN.\*

By EMIL MAYER, M. D., New York.

We have been accustomed, as physicians, to mention those who come under our professional observation as belonging to one of three great classes.

1st. Those who have symptoms which betoken an illness of some sort, who detail their every symptom and hope that we may be able to give our verdicts in their favor, or that no serious condition at least may be present.

2nd. Those who magnify their symptoms, or attempt to deceive us deliberately in order that they may be the gainers in reaping the reward that a sick-benefit association may bestow, or may enable them to secure a large sum in suits for damage.

3rd. Those who deliberately hide their symptoms, deny all previous illness, and resort to every subterfuge in order that they may be considered in perfect health for life insurance, civil service positions and the like.

The first of these constitute the greater part of the physician's work, and it is here that his skill as a diagnostician, his tact in dealing with the many vexing questions of policy, his gentleness of ministrations, the assurance he may be able to give, and the absorbing interest, far greater than the public generally suppose, costing him countless hours of anxiety arise, and by his manner of dealing is his reputation enhanced and he becomes, happily often, the conqueror of dread disease.

To this classification a fourth must be added, which is the one in which you are interested, the examination of school children. With neither symptoms nor history to guide you, no desire to appear well or ill, a supreme indifference, with limited time at your disposal, you have to pronounce on the physical signs as to the need of medical care.

How much more difficult a diagnosis becomes without the statement of symptoms is readily apparent, and I may say here that, in my own experience, your diagnoses have been rarely controverted, and it is but just and proper to congratulate you on the careful and thorough manner in which your work was performed. Those of us who are associated with the public clinics have long been accustomed to the cards sent out by the Health Department bearing the diagnosis of the conditions you found, and, in every instance seen by myself, the parent was perfectly willing to permit of such treatment as became necessary to relieve the existing conditions.

The citizens of the commonwealth look upon your work with hearty approval. Your very preciseness, makes my task the more difficult in that much I have to say will be old and trite to you, and yet, if here and there a suggestion may be thrown out to aid you in your arduous labors, I shall feel abundantly repaid for the task you have assigned to me.

External Inspection.—The trained observer will note by the springing step, the bright eye, the ruddy

\* An address, read by invitation, before the Medical Inspectors of Public Schools of New York City, February 6th, 1906.